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MEDICAL ETHICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It seems to be considered by some physicians, and is thought by many very intelligent people, to be the prerogative of medical consultants to sit in judgment, and act as censors upon the opinions and practice of previous medical attendants. They make it a point of honor in all cases, to dissent from the views, "*right or wrong*," of the regular or other attendants. And this assumed prerogative is used, *often* with effect, by the consultant in declaring to the patient or friends, either explicitly or by implication, any discrepancy of opinion that may have arisen upon the pathology or treatment of the case. The intention may not always be crowned with success—perhaps it sometimes recoils upon the head of the assuming party. There may be, indeed, no intention to injure the reputation of a brother practitioner in all this:—oh, no, quite another object in view. But I ask, Mr. Editor, is such practice, as a rule of medical polity (aside from any other consideration), creditable to the profession? Has it not a tendency to degrade the profession in the eyes of the community? I make no personal allusion,—I have marked the practice in various places, and, though it may surprise *you*, sir, it is believed not to be confined within narrow limits even in this thriving country—and we are not without evidence of its existence among our transatlantic brethren.

If it is not intruding within your precincts, Mr. Editor, I beg leave to introduce an abstract of a case reported in the *Med. Chirurg. Review*, for July, 1835, by the senior editor of that valuable periodical. The case is peculiarly interesting as an example of obscure and insidious disease, as well as for the remarks of Dr. Johnson upon an important point in medical ethics.

The patient was a gentleman, aged about 40, an architect by profession—"had been valetudinary for some years," but had attended to his usual duties till within five or six weeks of his death. Dr. Johnson first saw him on the 30th March, in the absence of Mr. Rix, his daily attendant—and "on examination, found the following symptoms:—Tongue furred with the thickest crust that could be imagined—great gastric irritability—chest sonorous throughout, except in the region of the heart—skin cool—urine apparently natural—no sleep—great prostration of strength—bowels uncertain—secretions unhealthy. Dr. J. wrote to Mr. Rix that there was organic disease of the heart." On the 1st of April Mr. Rix met Dr. J. and pointed out to him the state of the patient's urine, "which

was highly coagulable by heat, and when tested with nitric acid." There was no pain in back, "but tenderness on deep pressure in the situation of the right kidney." Respiration was unembarrassed—there was neither tenderness nor distension in the epigastric region. Pathology of both practitioners—organic disease of the heart, and disease of the kidneys—the latter predominant—"producing the irritability of the stomach by sympathy, and in fact being the main cause of the existing dangerous state of the patient." It was agreed to proceed on the soothing plan, with salines, "alteratives and small doses of batley or morphine." Upon this plan, the sympathetic symptoms were mitigated, but the patient made no advance towards recovery. On the 6th April, "the anxiety of friends brought Mr. Wray, of Salisbury Square, into consultation," who, "without pronouncing any decided opinion as to the pathology of the disease, strongly urged the propriety of bloodletting in small quantity. About three or four ounces were abstracted, when faintness occurred. The blood was a good deal inflamed; but no alteration appeared in the state of the patient, excepting progressive debility."

April 10th, Dr. C., an eminent physician, was added to the consultation. Having examined the patient, he came to the conclusion that the disease was of an inflammatory nature, and seated in the stomach and its immediate neighborhood. "He contended that depletion was the best plan of treatment—that opiates should be discontinued—and considered the case as by no means hopeless. No auscultation was practised, and Dr. C. could see no proof of organic disease either of the heart or kidneys. Dr. J. then wrote down on a slip of paper the two conflicting and opposite opinions of Dr. C. and himself, which he presented to Dr. C. and then deposited in the hands of Mr. Rix. As Dr. J. would not agree to farther bloodletting, it was deferred for that time, Dr. C. prognosticating that it would be necessary in a few days.

In an interview with the relations of the patient, it was rather imprudently stated by Dr. C. that Dr. Johnson entertained a much more gloomy opinion of the case than he (Dr. C.) did, as he (Dr. C.) considered it by no means hopeless. The result proved that this declaration made an unfavorable impression on the friends—for neither of the physicians were called in afterwards. The patient lingered a week longer, without taking any medicine, and then died.

Autopsy—by Mr. Rix; present—Mr. Wray and Dr. Hodgkin. Notes taken by Dr. H. who had seen the patient previously to Dr. Johnson, and entertained similar opinions as to the pathology. Head not examined—lungs remarkably healthy, except very slight effusion of lymph on one side—heart enlarged—parietes of left ventricle "above an inch and a half in thickness." Valves apparently healthy—peritoneal surface of abdominal viscera dusky—mucous membrane of the stomach and small intestines appeared of healthy texture; but there were some slight sanguineous discolorations, which were regarded as cadaverous congestion, "or the result of events immediately preceding death." Spleen small, rather soft—kidneys small, shrunk—exhibiting "a good specimen of far-advanced mottled degeneration. A section through the kidneys showed that their glandular structure had wasted, the distinction between

the cortical and tubular parts being nearly obliterated." Pelves contained a little turbid, puriform mucous.

"The foregoing case," remarks Dr. Johnson, "is exceedingly interesting, as proving the insidious nature and fatal tendency of renal disease, where not a symptom was present, except the albuminous urine, that would have aroused suspicion in any mind that such a malady was rapidly bringing life to a close. But then the albuminous urine was a physical sign which deserved the most attentive consideration; and which proves the necessity of availing ourselves of physical and chemical signs, in addition to ordinary symptoms. It would probably be wrong to affirm that the physical signs are superior to the ordinary symptoms; but it would not be too much to say, that he who neglects to combine the two classes in the investigation of diseases, does an injury to his patient, and to himself in the long run."

Such of your readers as are curious to examine the full report of the case, with the observations of the editor, are referred to page 168 of the No. of the Review before named—and, upon my honor, sir, I think no one can peruse it carefully without profit. I can only stop to quote the remarks of Dr. Johnson, touching "the imprudence, to give it no worse a term, of letting any discrepancy among the consultants slip out among the friends, whilst delivering the opinion. In the foregoing case the mischief was evident and irremediable. The friends naturally concluded that, where the physicians differed in *prognosis*, they would be likely to differ about the nature of the disease and the mode of treatment. The consequence was that both were discharged—and that one must suffer in reputation by the event of the case. Is it discreet—is it just, that not merely the chance, but the certainty of injury should be incurred, by the voluntary disclosure to friends of discrepancy of opinion among the medical attendants? It is true that, in the present case, the injury fell on the party who unnecessarily incurred it. But this might not have been the case. The party who disclosed no discrepancy of opinion might have been the sufferer, and that for no other fault than an error of judgment—to which we are all liable, and for which no man should be subject to punishment. We do not believe that the consultant who made the disclosure had any intention or expectation of injuring his fellow consultant; but a moment's consideration must have convinced him that one or other must lose credit with the family in the end—and if he was confident in the truth of his own prognosis, he must have foreseen the danger that was impending over his colleague. There is one argument, however, which may be adduced in favor of the disclosure alluded to. The first consultant had given an unfavorable prognosis, and the second consultant not taking the same view of the nature of the disease, came to a different conclusion as to the final event, and might, therefore, deem it conscientious to disclose this discrepancy of opinion to the patient or friends. To this it may be answered, that *silence* as to the difference of professional opinions could do no injury to either party—whereas the disclosure must injure one of them. Are we, then, justified in injuring another for the sake of gaining some additional reputation ourselves? Suppose, for instance, that, in the present case, no allusion had been

made to the discrepancy of opinion among the consultants. The recovery of the patient, contrary to the prognosis of the first consultant, could not possibly have injured the reputation of the second consultant—quite the reverse. The natural conclusion of the patient and friends would have been that, as Dr. Johnson was wrong in his prognosis, he was, most probably, wrong in his treatment of the case—ergo, the recovery of the patient was owing to the second consultant. Taking it in every point of view, then, we conceive that, unless upon some very extraordinary occasion, where great difference of opinion obtains as to treatment, there should be no disclosure of such opinions to the friends. If great discrepancy of opinion, upon some important point of treatment, occurred, we think it would be more prudent for one of the parties to retire, or to request a third opinion to decide the question.”

I have not a word to add, sir—I like to quote from good authority, when I find my own views written out in better language than I can command for them myself.

HEART OF THE COMMONWEALTH.

February 22, 1836.

EPIDEMIC MEASLES.

BY MARSHALL S. PERRY, M.D. PHYSICIAN OF THE HOUSE OF INDUSTRY.

[Communicated for the Boston Medical and Surgical Journal.]

THE following is an abstract, taken by Mr. Dorr, the resident student, from the daily record of 52 cases of measles, which occurred at the House of Industry in South Boston, during the months of November and December, 1835.

The measles have been uncommonly prevalent and fatal during the last four months in the city of Boston. The greater portion of those children who have been reported as having died of this disease, died of pneumonitis, which followed the eruption. At the House of Industry, inflammation of the mucous membrane of the large intestines was much the most formidable disease. In fact, to treat the cases there among young children with cathartics, was out of the question. Active cathartic medicines almost invariably induced diarrhœa of a severe character. Can this difference between the prominent local disease among children in private families and those in the asylum be owing to the difference in diet? Those who had bronchitis and pneumonitis were treated with ipecac. mustard poultices, warm baths and local bleeding in the early stages of the disease, and with some soothing expectorant medicine after the inflammatory symptoms had subsided. The two cases reported as having died of gangrene, were examined, and the mucous membrane of the large intestines was found softened, and redder than natural. This was the only morbid appearance found in the viscera. In the case of pneumonitis which proved fatal, both lungs were found diseased. Those cases that were not complicated with local inflammation, required little or no treatment.

CASES OF MEASLES AT THE HOUSE OF INDUSTRY, SOUTH BOSTON.

Number.	Age.	Name.	When seized with measles.	Result.	No. of deaths.	REMARKS.
			1853.			
13 years		Harney, Mary Ann	Oct. 27.	died Nov. 3	1	Was first taken with croup. Measles came on, subsided, and then croup came on again, of which it died. A false membrane had formed.
23 "		Saunders, James	Nov. 1	cured	1	Bronchial affection the severest. Not confined to bed more than six hours at a time.
33 "		Burns, James	Nov. 7	cured	2	Bronchitis was the severest affection.
44 "		McGrath, John	Nov. 6	cured	2	Still unwell, but recovering. Eruption left dark livid spots on face, which took on the character of small depositions of pus. Scrofulous habit.
53 1-2 "		Donnabue, Catha.	Nov. 7	cured	3	Bronchial affection was severest.
63 1-2 "		Bowen, Margaret	Nov. 7	died Nov. 21	3	Had severe laryngitis with pneumonia—laryngeal affection subsided, but the affection of the lungs continued to the last.
73 "		Marshall, Susan	Nov. 7	cured	4	Had very severe pneumonia which suppurated freely. Incessant cough. After removal to Asylum, was afflicted for several weeks with scrofulous habit.
83 1-2 "		Kearns, Thomas	Nov. 8	died Dec. 5	3	Of a scrofulous habit. Bowel complaint from commencement—of this he died.
93 "		Brennan, Mary	Nov. 8	cured	5	Considerable febrile action and aphthae on tongue for some weeks after removal to Asylum.
103 1-2 "		Burns, Patrick	Nov. 8	died Dec. 23	4	Bowels were diseased from commencement. Extreme marasmus at last.
116 "		Walworth, Elizabeth	Nov. 8	cured	6	Still feeble. Is of feeble constitution—nervous, irritable. Bronchitis and intestinal trouble.
135 "		Kinny, Michael	Nov. 8	cured	7	Said by mother to have had measles in Ireland. Had disease mildly.
134 "		O'Donnell, Thomas	Nov. 8	died Nov. 22	5	Had pneumonia; subsequently bowels became diseased, and of this he died.
143 "		Matthews, John	Nov. 9	died Nov. 13	6	Had during summer diarrhoea and prolapsus ani—bronchial affection during measles not very severe—from commencement bowel complaint—at last, gangrene of penis.
153 1-2 "		Canfield, Thomas	Nov. 8	cured	8	Bronchial affection severest—but had measles very slight.
167 "		Flaherty, Bridget	Nov. 9	cured	9	Bronchitis, with some intestinal trouble—neither very severe.
178 "		Finn, Bridget	Nov. 9	cured	10	Laryngitis severe at commencement—bowel affection slight.
186 "		Finn, Mary Ann	Nov. 9	cured	11	Laryngitis severe at commencement—bowel affection slight.
193 "		Hanrahan, Michael	Nov. 9	died Dec. 20	7	Pulmonary trouble not very severe. After first week, there were marks of severe intestinal trouble—discharges always fetid—bowels have been more diseased than other organs.
203 "		Gillon, Mary	Nov. 10	cured	12	Still sick—scrofulous habit—some inflammatory affection of lungs now; but bowels have been more diseased than other organs.
213 1-2 "		Brooks, Henry	Nov. 10	cured	13	Bronchial affection much the severest. Bowels not any affected.
224 "		Bennett, Bridget	Nov. 10	cured	13	Bronchitis the severest affection; but no one organ suffered much.
233 1-2 "		Bentley, Mary Ann	Nov. 10	cured	14	Pretty severe bronchitis. Bowels moderately loose, say two dejections daily.
244 "		Flaherty, Martin	Nov. 10	cured	15	Bowel complaint the severest affection, but not very bad; yet, though returned to Asylum, he was very feeble for a long time, and when taken from House was quite feeble.
255 "		Harrenden, Rosa	Nov. 10	cured	16	Cough quite severe, but mostly confined to larynx. Bowel complaint severest affection; and though not so bad as many others, she is now among the puny ones.
266 "		McCabe, John	Nov. 10	cured	17	Last summer much emaciated—had diarrhoea. Had measles very slightly, but diarrhoea has troubled him more or less ever since. Still sick. Ulceration of pectus from commencement of considerable extent—now nearly healed, but discharge fetid. Considerable emaciation.
273 "		King, Catherine	Nov. 11	cured	18	Bronchitis was quite severe. No unusual looseness of bowels. Cough urgent at present.
287 "		Bannin, Mary	Nov. 11	cured	19	Very large abscess on head since removal to Asylum. Severe laryngitis at commencement.
294 "		Connell, John	Nov. 11	cured	19	Very feeble, but not apparently so at commencement.
305 1-2 "		Castello, Edward	Nov. 11	died Nov. 27	8	Had constant diarrhoea from commencement of attack—hardly any affection of lungs.

CASES OF MEASLES AT THE HOUSE OF INDUSTRY, SOUTH BOSTON.

Age.	Name.	When seized with measles.	Result.	No. of deaths.	No. of cured.	REMARKS.
31 4	Marroth, Michael	1835. Nov. 11	cured	93		Pulmonary and intestinal troubles nearly balanced; but disease was very mild in this case.
32 4	Deincy, Margaret	Nov. 13	cured	91		Intestinal trouble the severest; but no one organ suffered much. Is now puny and disposed to diarrhoea.
33 2	Murphy, Francis	Nov. 13	cured	92		Intestinal and great affection. Cases of measles without any medicines.
34 2	Wright, John	Dec. 7	cured	93		Went through the disease.
35 4	Riley, James	Nov. 14	cured	94		Bronchial affection severest—this slight. From appearance of measles till he was up and dressed, only four days. The eruption was strongly marked, and pulse 114.
36 6 1/2 "	Kinny, Thomas	Nov. 16	cured	95		Said by mother to have had measles previously in Ireland. Bronchitis and pneumonia pretty severe. Bowels opened by med. Had very severe laryngeal and bronchial affections—pulse from 120 to 145—towards termination, some bowel complaint;—one of the sickest children.
37 4 1/2 "	Aylward, Wm. T.	Nov. 19	cured	96		Bowels were natural through disease. Cough most urgent symptom, but not severe.
38 5	Hogan, Patrick	Nov. 19	cured	97		Had measles very mildly—no bowel complaint—cough not severe.
39 5	Meiers, Henry	Nov. 19	cured	98		Had very severe pneumonia. Bowels very slightly affected.
40 1	Canfield, James	Dec. 7	cured	99		Laryngitis at commencement—subsequently looseness of bowels came on, and though not very severe, he was quite feeble for some time after he returned to the Asylum.
41 3	Bowen, Cornelius	Nov. 20	cured	30		Has now ulceration of one finger. Had very little cough—no intestinal difficulty.
42 2	Hamilton, John	Nov. 19	cured	31		Had measles very slight—very little bronchial and no intestinal difficulty. Up and dressed in five days after eruption appeared.
43 2	Win, Jose	Nov. 20	cured	32		Went through the disease with any medicinal aid.
44 5 1/2 "	Wingup, Lyman	Nov. 21	cured	33		Some pneumonia in both lungs. No intestinal difficulty.
45 6 mos.	Douglass, Jane	Dec. 7	cured	34		Had measles very mild in its character.
46 4 1/2 yrs	Kerwin, William	Nov. 21	cured	35		Was teething at same time. Had convulsions during measles and subsequently.
47 1	O'Donnell, Margaret	Nov. 22	cured	36		Measles very mild.
48 1	Grant, Elizabeth	Nov. 24	cured	37		No medicine but one dose of castor oil.
49 3	Lawrence, Lucy	Nov. 24	cured	38		
50 1 1/2 "	Lambert, Ann	Nov. 25	cured	39		
51 14 mos.	Duffie, Peter	Dec. 8	cured	40		
52 5	Huddleston, Ann	Dec. 9	cured	41		

Whole number of those who have had measles, 52

Of whom were cured - - - - - 41

" died - - - - - 8

" still sick - - - - - 3 = 52; one of whom had croup previous to measles, and died of it after measles had disappeared.

Of those who died, six died from intestinal disease—or if from ulceration in two cases, the mucous membrane of intestines was softened sufficiently to cause death—and one from pulmonary disease.

Of those returned to Asylum as cured, but who were feeble for some time, all these, with one exception, had a diarrhoea from one to two weeks; and two or three are now so disposed by the least irregularity in diet, &c.

Of those who recovered.—Many of the children, especially nursing children, had measles very slightly. Some of the older children, also, were so mildly affected, that in the following list no account is made of them. Of those who had disease, in a severe form, complicated with measles—bronchitis, 15; laryngitis, 5; pneumonitis, 4; bowel complaint, not severe, yet the most prominent disease, 5. With bronchitis, in several cases, some pneumonitis was connected; but the bronchial affection was the severest, and accordingly they are stated as having had bronchitis. None who had bronchitis, or laryngitis, or pneumonitis alone, without any other complication, even if it were severe, died. The 4 stated above as having had bowel complaint more prominently than any other affection, had it rather as the result of irritating medicine, than as an untoward disposition in the intestinal canal to become seriously diseased; for often when those medicines were withheld, and soothing medicines given, the disease abated. Where bowel complaint started at commencement of attack of measles, it was almost always unmanageable; and in those who died, four had it severely from the first. In these cases the autopsies showed an almost complete destruction of the mucous membrane of the large intestines, and, in two instances, of the stomach also. This organ was in two cases found much corrugated. The boys who were at the Boys' Asylum, went through the different stages of measles with less serious complication than the smaller children, and when the complication was severe (as it in one case surely was), they seemed to have more foundation for active treatment. They are those against whose names a * is placed.

Of those who died.—Bowen, Margaret—both parents drunken and dissolute. Had been in asylum 6 months. Apparently pretty healthy. Harney, M. A.—father dissolute; mother drinks sometimes. Had been in asylum 1 week. Very delicate and rather feeble. Kearns, Thomas—father not known; mother dissolute. Had been in asylum 5 months. Very feeble constitution; ill last summer. Burns, Patrick—father died on passage; mother healthy. Had been in asylum 9 months. Very feeble constitution; ill in September and October. O'Donnell, Thomas—father supposed drunkard; mother crazy. Had been in asylum 9 months. Strong, healthy; very large head. Matthews, John—father supposed drunkard; mother decent woman. Had been in asylum 4 months. Very miserable constitution; sick all summer. Hanniffe, Michael—parents dissolute. Had been in asylum 5 months. Rather feeble, but at times active. Castello, Edward—nothing known of parents. Had been in asylum 9 months. Thin; pale countenance; not much known.

Of those still living, but sick.—Glinn, Mary—nothing is known of her parents. Ring, Catherine—mother drunkard; father, nothing known. She came in with measles, in a collapsed state, from cold, exposure, &c. McGrath, John—parents dissolute. In language of Superintendent, "Conceived in gin and brought forth in alcohol."

General Remarks.—The asylum is a wooden building, two stories high, separate from the main building. It is divided into four principal rooms besides wash-rooms, &c.; two of these large rooms are for boys,

and two for the smaller children, both boys and girls; two of these rooms on the lower floor are school rooms, measuring each 38+28 ft. and about 12 ft. in height, and two in the upper floor for sleeping rooms, measuring each 38+28 ft. and about eleven in height. In this building all the children reside, with the exception of infants, and those so young as to require immediate attention. The sleeping rooms are well ventilated. There is no work allowed to be performed in this building that can render the air impure, or incommode the children. None but children and two female teachers reside in the building. There are play-grounds in the rear of the building, where the boys are allowed exercise in summer. The food for the children is cooked at the main building. The eating-hall for the children is in a small building between the asylum and the main building. It may with safety be said that there is not a better building, for the purposes to which it is appropriated, than this asylum, in the country. For it we are indebted to the exertions of A. Simonds, Esq. present Superintendent, and some of the present Directors.

The diet of the children is as follows:—Breakfasts every day—milk thickened with wheat flour—bread, 2-3 wheat and 1-3 corn meal. This porridge is about 1-3 milk, 2-3 water. Suppers every day—milk and water boiled; about 1-2 milk, 1-2 water—bread cut fine and put in as they wish it. Dinners—Sunday, baked beef, mashed potatoes and bread. Monday, stewed beans and bread. Tuesday, beef soup, mashed potatoes and bread. Wednesday, boiled rice; or minced meat and bread; or mush and molasses. Thursday, same as on Tuesday. Friday, minced fish and potatoes and bread. Saturday, same as on Tuesday.

The children are clad in summer in blue and white calico dresses; and in winter in flannel dresses with sufficient under clothes. They have woollen socks and shoes in winter, and go barefoot in summer. They are washed, in winter, every Saturday evening, over the whole body, and in summer oftener. The boys, during warm weather, in addition to this, are allowed to bathe in the open sea once or twice a week, according to the weather. Their hands and faces are washed certainly once a day, and very frequently much oftener. Their heads, especially those of the smaller children, are combed several times a week, sometimes daily. Their garments are changed every week as a rule; but those of the smaller children once, and perhaps twice a day, according to circumstances. Every child, when it enters the House, is immediately examined, and if any appearances are found of any contagious disease, it is not allowed to join the children at the asylum, till such disease is cured; if not, after being well cleansed, it is permitted to enter the asylum. Such are some of the main facts with reference to the place of residence and cleanliness of the children who are residents at the asylum.

More than two-thirds of these children are the offspring of debauched, or drunken, or half idiotic parents. Of those who died of measles, sequelæ, or of some disease complicated with measles, the most of them had parents of this character, as will be seen under the proper head. The usual number of children residing at the asylum is from 100 to 120. One case, No. 43, Joses Solo, was in the Men's Colored House, so called, and was the only one among the inmates, properly so called, who

had measles. So far as could be ascertained, he had had no communication with the children, had not been at the asylum; nor had any of the children been near the building where he resided. From Men's Colored House to asylum is about 270 feet.

February, 1836.

ON THE USE OF A VEGETABLE DIET.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I sometimes take notes, and make remarks in my note-book, respecting what I find upon the pages of your Journal. The note made after reading Mr. S. Graham's answer to Dr. Bell's Prize Essay, is from Dr. Johnson—*viz. Bolder words and more timorous meaning I never saw.* Archimedes said that he could move this world if he only had another world to stand on. But to attempt to move the world, or its well-grounded custom of using animal food as a part of diet, so long and so well established, both by nature and by the Bible, and that with nothing to stand upon, is peculiarly Utopian. There is nothing in Mr. Graham's answer to the Prize Essay, worth notice, except that he makes Dr. Bell give up the argument derived from comparative anatomy, of man being a carnivorous animal. Whether Dr. Bell meant to be so understood, he can best decide himself. But upon this point, we would observe, that we should make man the standard, and as the organs of other animals approximate his, we should decide upon their carnivorous propensities. For, from his very earliest history, in the first chapter of that book—the oldest book in the known world—which gives an account of his creation, and that of the globe, we find that he had dominion given him over the fish of the sea, the first of all things whatever. Now why should fish have been made at all, and this dominion over them given, unless they were designed for the food of man? We find the dominion of man extended, it is true, immediately afterwards, over the fowl of the air, and over the cattle, and over all the earth; but fish preceded the whole. The fowl might have been, and is, useful for its feathers, and beasts for their tallow and skins; but not so of edible fish. These have neither feathers nor fat.

But that the first man made an early use of other animal food than fish, is not lacking of that evidence which should be paramount. For in the same year in which he was created, we read of Adam and his wife being clothed in *coats of skins*. And it does not appear that these skins were taken off for the purpose of clothing, but that animals had been previously skinned for some other purpose. That this purpose was that their flesh might be used for food, is the only one that seems probable. We know that some commentators here talk of sacrifices; but no institution of this kind had at that time been given, nor could sacrifices have preceded sin. And when sacrifices were afterwards established, the sacrificed animals were used as food by the priests and their families, thus sanctifying the use of animal food; and this use of animals was also sanctioned by that law, which drew the line between beasts clean and

unclean. Under the gospel dispensation, the reader hardly need be told who it was that asked for meat. "And they gave him a piece of a broiled fish, and of a honey-comb. And he took it, and did eat before them."

Thus, there is both law and gospel for animal food. But when we say that man is naturally carnivorous, we wish here only to be understood that he is an animal which by nature seeks a part of his food from the animal creation. He is strictly, and most decidedly, an omnivorous being. As to his external comparative anatomy, when, like Nebuchadnezzar, his nails are grown like *eagles' claws*, he has, like the king of birds and the king of beasts, the means of tearing other animals, and fitting them to be devoured. His hands, also, are as well fitted to use a double-barrelled gun, as a double-handled plough. As to his internal organs, they have no very striking resemblance to the double stomach of the ox, or to those of any other animal that is solely herbivorous, and still less to the granivorous, for he has no gizzard. The comparative anatomist need not be told that the viscera of man most of all resembles those of another animal, which is greedy for flesh, fish, fowl and fruit. Dr. Franklin rejected animal food for a while, until happening to see some fish dressed, he observed other fish within them, and from that time renounced his Pythagorean scheme.

There may be some savage tribes, in tropical regions, which live mostly or wholly upon fruits and vegetables. Such are too indolent to take game; and the abundance of fruit renders little else necessary to maintain a life of inaction. Creatures that live like oysters, without moving, may subsist upon what falls into their throats. But nations in northern climes must live in part upon animal food, or not live at all. New England, densely populated and highly cultivated as it is, does not yield its own bread-stuffs. The fertile island of Britain, upon the invasion of Julius Cæsar, did not furnish much corn, the Britons living on flesh and milk. *Lacte et carne vivunt*. But in no part of aboriginal America, did the savages know the use of milk—their support depending almost wholly upon the chase, especially their winter support, when berries were gone, for they ever were too lazy to lay up maize or potatoes in any considerable quantities. Indeed, the latter appear to have been little known north of Virginia.

There is no nation in the known world which makes so free a use of animal food as our own. Meat three times a day—good butcher's meat—is very commonly a part of the meal of the laborer. And there is no nation, which, out of thirteen millions, is able to show so great a number of centenarians—nor, indeed, we suspect, let their number of millions be ever so great—there being, by the census of 1830, no less than 2556 persons of 100 years old or upwards! In the city of Baltimore, in 1835, there were 2050 deaths, six of the number being centenarians. The present mayor, Gen. Smith, is upwards of eighty.

China—now let us view a nation of vegetable livers, with her 369 million of inhabitants by a late census, and Mr. Gutzlaff, the Prussian missionary, thinks not an exaggerated one—China furnished but four persons of 100 years old!! The people of that country, to be sure, eat

meat when they can get it, but this is not often the lot of the common people; and as to milk, it is out of the question. Every inch of ground is cultivated. Vegetable diet is here tested upon a large scale, and we see that but about one in a hundred million reaches a hundred years of age.

The best way of testing any given mode of living, is by noticing its effects, not only upon the body, but upon the mind. If the reasoning and remarks of Mr. Graham, and of your correspondent A. are to be imputed to a vegetable diet, we shall be obliged to infer that it inflates and puffs up the mind with self-importance, and weakens the mental vigor for close argument, cautious discrimination, and sound deduction from well-known facts and premises. We have known too much of great doctors and learned professors, in recommending Swaim's panacea, to place any great confidence in the array of names adduced by A. in support of Mr. Graham. These certificates mark, in our view, rather suavity than soundness, although they may be from sound men.

When we saw the reply of BETA to Mr. G., we thought it so excellently well adapted to the subject, both of Dr. Bell's Essay and Mr. Graham's Strictures thereon, that nothing more need be said. But as different premises occurred to us, leading however to much the same conclusions, we thought to offer them to your disposal.

In some of the very worst cases of dyspepsia that the present writer has ever had, he was obliged to withhold vegetables entirely, and everything of the vegetable kind, except a little toasted bread. Animal food, and especially *pork* and *mutton*, he has found easier of digestion than anything of vegetable growth whatever. We do not know whether Mr. G., like Pythagoras, prohibits *beans*, as well as *meat*, but we do know that they are bad diet for dyspeptics.

After all that has been said, or may be said, upon diet, we believe that vegetables alone, and even grass, as the Dutchman's experiment upon himself proved,* may support the life of man, as well as the life of an ox—and that in time the diet of the latter would reduce the former to nearly the same state of stupidity. We have been, in our practice, extremely cautious in innovating without necessity upon the diet of adults, and especially upon that of aged people. "At forty a fool or a physician," is no new adage.

To conclude—the rule which has obtained most favor with us, is expressed in these few words, which if the reader wishes to trace to their source, he can consult his Concordance. "Let no man, therefore, judge you in meat or in drink."

J. C.

Lebanon (Conn.), Feb. 1836.

EXTRAORDINARY CASE OF CHILD-BIRTH IN OLD AGE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have a case to state, which, as it excites much astonishment here, may not be entirely uninteresting to the profession at large. It is

* Every physician will know where to find the narrative.

a case of pregnancy, occurring in a female of the age of 64 or 5. Her name is Ann Cook. She has not menstruated for the last 15 years, and her last child is 26 years old. She was delivered last week, of a *healthy* (!) female infant, and are now, both mother and child, *doing well*! Her husband is 63 years of age. I am not aware of any case on record, saving *father Abraham* and his consort, of the occurrence of pregnancy, in this climate, at so late a period of life as the above—nor of a *suspected* one, except the memorable JOANNA SOUTHCOATE, which finally turned out to be a false alarm. Will some of your numerous readers be so good as to correct this impression, if it requires it?

I am, very respectfully yours,
Whitehall, N. Y. Feb. 23, 1836.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 9, 1836.

REGENERATION OF VACCINE VIRUS IN A COW.

It was our intention to have prefaced the following communication from Drs. Richmond and Webb, of Providence, R. I. by some observations upon the importance of their successful experiment in raising vaccine virus from the cow; but, on reflection, we are satisfied that no remarks emanating from another source would prove so acceptable to the profession, or give any additional weight and value to their labors. The results of our own experience on the prophylactic virtues of the matter forwarded by these gentlemen, will form a distinct article at a future day.

To the Editor of the Boston Medical and Surgical Journal.

"SIR,—Having had an opportunity to vaccinate a cow, we embraced it, in order, for our own satisfaction, to see the appearance, and watch the progress of the vesicles, and also to compare them in their several stages with those that are produced in the human species. The virus was taken from a fine, healthy child, about a year and a half old, on the 7th day from its insertion, and previously to the establishment of the areola around it; it was inserted in four places, on the teats of the cow, being introduced on a lancet in one place, and on quills prepared as usual in the others, and used a few hours after having been obtained from the arm. All of these insertions had the desired effect, and in due course a vesicle appeared at the point of each; three of these were irregular in shape, but in other respects resembled the human vesicle; the fourth, both in form, color, and character of the contained fluid, accorded with the human, after due allowance for the slight variation in color, occasioned by the difference in the texture and shade of the part where the incisions were made. The most perfect vesicle was that which presented itself at the spot where the loaded lancet was introduced. This was punctured on the morning of the 7th day; a clear, colorless, transparent fluid oozed out, with which a number of quills were charged. A few of these we forward for you to dispose of in such manner as you may deem proper; we vouching for its being pure and unadulterated virus, differing

from that in daily use in no other respect than in having been passed through the system of the animal whence Jenner obtained his original supply

Respectfully yours,

JOHN W. RICHMOND,
THOMAS H. WEBB."

"P. S.—We would observe that the matter employed was lineally descended from the Boston stock, a small quantity of virus having been sent from the vaccine establishment there some weeks since, and after having been propagated through several individuals, a portion of the product was experimented with in the manner above stated."

Providence, R. I. Feb. 26th, 1836.

From a second note by Dr. Webb, dated March 1st, we extract the following :—

"Some of the matter obtained from the cow on the 7th day, we inserted on the spot into the arm of a babe six months old. I also used it on three children at the Dexter Asylum, and Dr. Richmond has employed it in several cases. These have progressed thus far about in the ordinary manner ; one being rather more backward, and another, the babe's, on the 4th day much more forward than usual ; and the vesicle presented a far more delicate appearance, and a higher degree of transparency, than I remember of ever having seen ; it has since, however, advanced less rapidly than at first. To-day, which is the 6th from the vaccination, we punctured it, and loaded a few quills, of which the inclosed are samples. We want to still farther prove the goodness and genuineness of this virus, by using what we have obtained from this child, on some other individual. We also wish to show its perfect protective virtue, by a subsequent *inoculation* of some one or more persons, and also by inoculating the cow. The animal was examined this day ; and for fear the scabs should get rubbed off and lost, I removed them, this being the 14th day ; a piece of the best looking one is sent, which, as you will perceive, is of a much lighter color than the ordinary vaccine scab. The cow at no time manifested any indisposition, but took her fodder as usual ; the inflammation around the vesicles was very slight, and of but short duration. How great an effect it would have in diminishing the secretion of milk, we cannot say, the subject of the experiment being a farrow cow."

MEDICAL REVIEWS.

PHYSICIANS have uniformly exhibited more regard for each other's sensibility in the torturing business of reviewing, than any other class of writers. So far as the feeling of sympathy is concerned, this is certainly very praiseworthy and honorable ; but as a natural consequence of this, some of the poorest specimens of human folly, in the tangible shape of books, have taken possession of shelves, to which the authors have no sort of right or title. Were it not for resuscitating the names of a tedious catalogue of works, whose covers, like counterfeit wine bottles, are coated with a venerable fleece of dust, it might be clearly shown that not more than one-third of all the expressly written books on medicine and surgery, ushered into being within the last forty years, are worth the wholesale cost of binding. Still, however, the writing mania is raging with undiminished force, and volumes are multiplying beyond all former precedent. If one-twentieth of them were original, there would be something new to learn, and some credit due to their authors. Unfortunately the desire of

notoriety from authorship, in too many instances, extends only to the scientific necromancy of filching a line from one, a sentence from another, and garbled chapters from a third—till the mass of odds and ends becomes sufficiently bulky to answer the ambitious designs of the medico-literary accoucheur, when it comes from the press, half smothered by accompanying panegyrics, purposely constructed for pioneering its way into public favor. Thus, medical book-making, so far as this method is pursued, is becoming an evil of a serious character, and calls loudly for a remedy. To elementary productions, as text-books in pathology, anatomy, surgery, &c. these observations have no reference;—the more numerous these are, if well prepared, the better both for schools and classes.

A spirited system of reviewing—in which the truth should be proclaimed—would soon thin the ranks;—a careful, vigilant analysis would be more dreaded by the manufacturer of a marasmatic duodecimo, than acupuncture upon his own body. It is desirable, therefore, for the credit of the profession, that the tame, stupid mode of criticising medical authors, should be totally abandoned, to be succeeded by one that shall, when requisite, make Felix tremble. This Journal is open for the fearless expression of sentiments, by responsible writers, on the subject referred to.

Openings for Physicians.—Before many years, the establishment of an office in each of the principal cities for negotiating the purchase and sale of medical practices, as in England, would be not only a convenience, but actually beneficial, and we are surprised that some attempt has not already been made by some efficient, enterprising person. Every young man prepared to commence professional business would feel it a privilege to consult such an office, and pay well for information that would at once introduce him to a situation in which he would commence professional life under promising auspices.

Action of the Heart and Pulse.—Dr. McDonnell, of Belfast, Ireland, at the last meeting of the Medical Association, related some curious observations on the variations of pulse. He maintains that there are three distinct numbers in the pulse, which depend upon the postures of lying, sitting and standing, and that any one of these being given, the others may be discovered by inference. This variation generally amounts, as its normal state, to 12, 14 or 16 beats a minute. In disease, the effects of posture must be investigated separately in each disease. In ascertaining the effects of remedies upon the pulse, therefore, it is evidently important, if this estimate is correct, to make due allowances for change of position. This phenomenon, he is inclined to think, is connected with some hydrostatic law, and not dependent upon vitality.

Early Impregnation in the Cow.—A writer in the London Lancet states that recently a bull calf less than three months old, and a quay calf of about two months, copulated, and within nine months the female brought forth her first born—she and the offspring being yet alive. In the *Veterinarian* one case is related in which impregnation took place in a calf of six months, and another at four months.

Medical Miscellany.—A meeting of 1500 students was held on the 1st of January, in London, to petition parliament for an alteration in the examination of candidates for medical degrees and licenses, and to form a central student's association. Thus radicalism extends to all ranks and conditions of men in England. Farewell to the best systems of professional education, when students are permitted to dictate to their instructors the process of instruction most agreeable to themselves.—Sir Charles Bell has provoked the editor of the *Lancet* most egregiously by some recent remarks upon the subject of reporting clinical lectures in medical Journals. He had better fall into the mouth of a shark, than rouse the hostility of Mr. Wakley.—Dr. Samuel G. Howe, Superintendent of the Blind Asylum, in Boston, has exposed the charlatanism and gross imposture of a certain pompous foreigner, styling himself ex-something of a European king, &c. As he will doubtless exhibit himself in all the principal cities of the Union, before returning to his native country, physicians and surgeons should be on their guard, giving him no quarter. None but the ignorant have yet been duped. The multitude of certificates which go before him, to prepare the way, carry on their face the impress of the possessor's agency in their construction.—M. Poyen has circulated a prospectus for the translation of the report made to the Academy of Medicine, at Paris, in 1831, on the subject of animal magnetism. It will form a curious and instructive volume.—Dr. Kranefuss details, in the 45th vol. No. 2 of Rust's Magazine, a case of Cæsarean operation, in which a male child, weighing seven pounds, was saved alive, but the death of the mother, who was forty-two years of age, took place the tenth day after. Dr. G. B. Knowles has lately performed the same operation successfully in Ireland, on a woman who had received an injury after the birth of her fourth child, which caused the sacrum to project so as to narrow the lower outlet of the pelvis to two inches by one. The patient recovered in about a month.—Medical magnetism is making considerable stir in London. The mere application of a magnet to the diseased region, produces, according to the advocates of this new and imaginary remedy, marvellous effects—quite as astonishing as animal magnetism.—There are over 1829 hospitals in France, possessing revenues equal to ten millions of dollars.—Gentlemen wishing for eligible situations for practising medicine, may perhaps hear something to their advantage by addressing the editor—but their letters must be post-paid.—A Dr. Cooke, of Albany, has had the honorary degree of M.D. conferred on him by Ripley College, Ohio. Why is the *Dr.* put in italics in the paper which announces such important intelligence—and where, withal, is that doctor-making institution?—A Mr. Somebody, of Beverly, finds fault with what he calls a medical combination in that town, to raise the fees, which every man of common sense must know are too low, even after this raising process, by seventy-five per cent.—The February number of the *Annals of Phrenology* does the Society, from which it emanates, much honor, and recommends itself to the patronage of all literary people, whether phrenologists or not.—More cases of smallpox have occurred in this city, and been removed to the hospital, the last week.—An ingenious physician, on whom the organ of Constructiveness is conspicuous, has devised an automaton battledore player, which, if completed, will excel any specimen of mechanical ingenuity ever exhibited in this country.—The Transcript says there are five or six persons in the town of Coleraine, Mass. over 90 years old; twenty-nine over 80; and one hundred and nineteen over 70! The popu-

lation is between 1400 and 1500 only.—Drs. Miller and Son have repaired their private hospital at Franklin, 25 miles from Boston, and it is now ready for the reception of patients afflicted with stone, diseases of the eye, ulcers, tumors, &c. Dr. M. is Vice President of the Mass. Med. Society—an excellent man and a distinguished operator in surgery.

TO CORRESPONDENTS.—A Communication from Mr. Graham, in defence of his system against the charge of producing insanity, has been received and will appear next week.

Whole number of deaths in Boston for the week ending March 5, 24. Males, 10—Females, 14.

Of dropsy on the brain, 3—lung fever, 3—scarlet fever, 2—consumption, 4—inflammation of the bowels, 3—bilious fever, 1—infantile, 3—child-bed, 1—throat distemper, 3—old age, 1—intemperance, 1. Stillborn, 3.

A GOOD STAND FOR A PHYSICIAN AND SURGEON.

A PHYSICIAN in the eastern part of Massachusetts (wishing to remove from the State), would dispose of his place on the most reasonable terms. A very eligible location for a young gentleman. For particulars, inquire of the editor of this Journal; if by mail, post-paid. eptf.

INSTRUCTION IN DENTISTRY.

THE undersigned would receive six pupils who are desirous of acquiring a perfectly scientific and systematic knowledge of practical dentistry. For terms, apply, by letter or otherwise, to No. 38 School Street, between the hours of 12 and 2, P. M. HENRY A. DEWAR, M.D. M.M.S.S.
March 9

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery	"	DR. OTIS.
On Anatomy	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Jan 20—lyep

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

SURGICAL NOTICE. TO THE MEDICAL PROFESSION.

THE attention of the Medical Profession is respectfully invited to the report of the gentlemen composing the Committee of the Philadelphia Medical Society, appointed to investigate the merits of the various instruments now before the public, for the treatment of hernia and radical cure of this disease, published in the American Journal of the Medical Sciences for the present month (February), by order of the Society.

Since the above report, important improvements have been made in the different instruments as adapted to the varieties of this disease, and the improvements referred to by the Committee, as being under consideration at the time of the report, now constitute a part of this set of instruments.

These instruments will be placed in the hands of the profession *only*, believing, with the Committee above referred to, that no Truss capable of producing a radical cure in hernia, can be used except by a surgeon, and that no Truss should be applied except by those versed in the anatomy of hernia, and principles of surgery.

Surgeons throughout the United States, are invited to take an interest in the use of these instruments.

Any information in relation to the above instruments and method of treating this disease, will be freely given to the profession.

See advertisement in the preceding number (November) of the American Journal.

Address (free of expense),

111 South 9th St. Philadelphia.

HEBER CHASE.

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